WILLOWFIELD NURSING & REHABILITATION CENTER

905 EAST GENEVA STREET

| DELAVAN 53115 Phone: (262) 728-6319 | | Ownership: | Corporation |
|---|-----|-----------------------------------|-------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License: | Skilled |
| Operate in Conjunction with Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and Staffed (12/31/03): | 61 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/03): | 61 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/03: | 60 | Average Daily Census: | 59 |

| Services Provided to Non-Residents | | Age, Gender, and Primary Di | agnosis | of Residents | (12/31/03) | Length of Stay (12/31/03) | 8 |
|--|----------|--|------------|------------------------|-------------|---|--------------|
| Home Health Care Supp. Home Care-Personal Care | No No | Primary Diagnosis | | Age Groups | ફ ફ | | 25.0 28.3 |
| Supp. Home Care-Household Services Day Services | No No | Developmental Disabilities Mental Illness (Org./Psy) | | Under 65 65 - 74 | 5.0 16.7 | More Than 4 Years | 13.3 |
| Respite Care | Yes | Mental Illness (Other) | 1.7 | 75 - 84 | 40.0 | I | 66.7 |
| Adult Day Care Adult Day Health Care | No No | Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic | | 85 - 94 95 & Over | | ********************************** Full-Time Equivalent | ***** |
| Congregate Meals Home Delivered Meals | No No | Cancer Fractures | 6.7 3.3 |] [| | Nursing Staff per 100 Resi | dents |
| Other Meals | No | Cardiovascular | | 65 & Over | | | |
| Transportation Referral Service | No No | Cerebrovascular Diabetes | | | 용 | RNs LPNs | 13.5 10.9 |
| Other Services Provide Day Programming for | Yes | Respiratory Other Medical Conditions | | Male | | Nursing Assistants, Aides, & Orderlies | 34.9 |
| Mentally Ill | No | | | Female | 60.0 | • | |
| Provide Day Programming for Developmentally Disabled | No | | 100.0 | | 100.0 | | |

Method of Reimbursement

| | | edicare | | | edicaid itle 19 | | | Other | | : | Private Pay | | | amily Care | | | anaged Care | | | |
|--------------------|------|---------|---------------------|-----|--------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care | No. | 90 | Per Diem (\$) | No. | olo Olo | Per Diem (\$) | No. | ્રે જ | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | ્રે જ | Per Diem (\$) | Total Resi- dents | - Of |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 17 | 100.0 | 264 | 38 | 100.0 | 113 | 0 | 0.0 | 0 | 5 | 100.0 | 173 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 60 | 100.0 |
| Intermediate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 17 | 100.0 | | 38 | 100.0 | | 0 | 0.0 | | 5 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 60 | 100.0 |

WILLOWFIELD NURSING & REHABILITATION CENTER

| Admissions, Discharges, and | | Percent Distribution | n of Residents' | Condit | ions, Services, an | d Activities as of 12/ | 31/03 |
|--------------------------------|-------|----------------------|-----------------|--------|-------------------------------------|------------------------|-----------|
| Deaths During Reporting Period | 1 | | | | | | |
| | 1 | | | | % Needing | | Total |
| Percent Admissions from: | - 1 | Activities of | 8 | As | sistance of | % Totally | Number of |
| Private Home/No Home Health | 1.9 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 13.3 | | 76.7 | 10.0 | 60 |
| Other Nursing Homes | 0.6 | Dressing | 15.0 | | 78.3 | 6.7 | 60 |
| Acute Care Hospitals | 96.9 | Transferring | 23.3 | | 66.7 | 10.0 | 60 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 21.7 | | 71.7 | 6.7 | 60 |
| Rehabilitation Hospitals | 0.0 | Eating | 83.3 | | 10.0 | 6.7 | 60 |
| Other Locations | 0.6 | ****** | ****** | ***** | * * * * * * * * * * * * * * * * * * | ****** | ***** |
| Total Number of Admissions | 161 | Continence | | 용 | Special Treatmen | ts | 용 |
| Percent Discharges To: | 1 | Indwelling Or Extern | nal Catheter | 6.7 | Receiving Resp | iratory Care | 21.7 |
| Private Home/No Home Health | 48.1 | Occ/Freq. Incontiner | nt of Bladder | 43.3 | Receiving Trac | heostomy Care | 1.7 |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontiner | nt of Bowel | 31.7 | Receiving Suct | ioning | 1.7 |
| Other Nursing Homes | 9.5 | | | | Receiving Osto | my Care | 0.0 |
| Acute Care Hospitals | 13.9 | Mobility | | | Receiving Tube | Feeding | 5.0 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restraine | ed | 0.0 | Receiving Mech | anically Altered Diets | 25.0 |
| Rehabilitation Hospitals | 0.0 | | | | - | - | |
| Other Locations | 0.6 | Skin Care | | | Other Resident C | haracteristics | |
| Deaths | 27.8 | With Pressure Sores | | 13.3 | Have Advance D | irectives | 80.0 |
| Total Number of Discharges | i | With Rashes | | 11.7 | Medications | | |
| (Including Deaths) | 158 i | | | | Receiving Psyc | hoactive Drugs | 70.0 |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

| *********** | ***** | **** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
|--|----------|-------|----------|-------|-------|-------|---------|-------|--------|
| | | Own | ership: | Bed | Size: | Lic | ensure: | | |
| | This | Pro | prietary | 50 | -99 | Ski | lled | Al | 1 |
| | Facility | Peer | Group | Peer | Group | Peer | Group | Faci | lities |
| | % | 용 | Ratio | 90 | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 96.7 | 84.6 | 1.14 | 88.0 | 1.10 | 88.1 | 1.10 | 87.4 | 1.11 |
| Current Residents from In-County | 83.3 | 75.5 | 1.10 | 72.9 | 1.14 | 69.7 | 1.20 | 76.7 | 1.09 |
| Admissions from In-County, Still Residing | 16.8 | 18.9 | 0.89 | 20.1 | 0.83 | 21.4 | 0.78 | 19.6 | 0.85 |
| Admissions/Average Daily Census | 272.9 | 152.9 | 1.79 | 129.5 | 2.11 | 109.6 | 2.49 | 141.3 | 1.93 |
| Discharges/Average Daily Census | 267.8 | 154.8 | 1.73 | 130.3 | 2.06 | 111.3 | 2.41 | 142.5 | 1.88 |
| Discharges To Private Residence/Average Daily Census | 128.8 | 63.8 | 2.02 | 52.2 | 2.47 | 42.9 | 3.00 | 61.6 | 2.09 |
| Residents Receiving Skilled Care | 100 | 94.6 | 1.06 | 93.7 | 1.07 | 92.4 | 1.08 | 88.1 | 1.14 |
| Residents Aged 65 and Older | 95.0 | 93.7 | 1.01 | 94.2 | 1.01 | 93.1 | 1.02 | 87.8 | 1.08 |
| Title 19 (Medicaid) Funded Residents | 63.3 | 66.0 | 0.96 | 66.3 | 0.96 | 68.8 | 0.92 | 65.9 | 0.96 |
| Private Pay Funded Residents | 8.3 | 19.0 | 0.44 | 21.6 | 0.39 | 20.5 | 0.41 | 21.0 | 0.40 |
| Developmentally Disabled Residents | 0.0 | 0.5 | 0.00 | 0.5 | 0.00 | 0.5 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 1.7 | 31.3 | 0.05 | 36.2 | 0.05 | 38.2 | 0.04 | 33.6 | 0.05 |
| General Medical Service Residents | 45.0 | 23.7 | 1.90 | 21.5 | 2.10 | 21.9 | 2.06 | 20.6 | 2.19 |
| Impaired ADL (Mean) | 38.7 | 48.4 | 0.80 | 48.4 | 0.80 | 48.0 | 0.81 | 49.4 | 0.78 |
| Psychological Problems | 70.0 | 50.1 | 1.40 | 53.4 | 1.31 | 54.9 | 1.28 | 57.4 | 1.22 |
| Nursing Care Required (Mean) | 10.0 | 6.6 | 1.52 | 6.9 | 1.45 | 7.3 | 1.37 | 7.3 | 1.36 |